2007 OCT 30 AM 9:27

FOR INSTRUCTIONS. SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Citizens to Re-Elect Ireland for Mayor

IMPORTANT: Indicate by # type of committee you are reporting for: 6
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Steven J. Ireland
Political Party (if applicable): _____
Office Sought: Mayor, Ft. Madison, Ia.
District (if Senate or House): _____

Late reports are subject to possible civil and criminal penalties.

Steven J. Ireland — **SIGNATURE OF PERSON FILING REPORT**
319-372-5975 — **TELEPHONE**
10-29-07 — **DATE SIGNED**

I AM FILING A November 1, 2007 (report date) REPORT FOR (1) **ELECTION** /(2)**NON-ELECTION** YEAR. Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____
County & Local Committees, enter County in which Election is held: Lee

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ..... $ — 0 —

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2160.00

Schedule F: Loans Received total (Attach Schedule F) ..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 2160.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1200.81

Schedule F: Loan Repayments total (Attach Schedule F) ..... _____

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) ..... $ 959.19

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ _____

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 51.34

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

For Instructions, See Back of Form

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SCHEDULE A (Rev 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Citizens to Re-Elect Ireland for Mayor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE) LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
09/27/07	ID# CK# 3784	L. Gene & Sherri Enke 1002 Denmark Hillhp Ft. Madison, Ia. 52627		$75.00	✓
09/27/07	ID# CK# 5027	Richard & Peggy Mohrfeld 701 Avenue G Fort Madison, Ia. 52627		25.00	✓
09/28/07	ID# CK# 4153	Letta M. Grosekemper 602½ Avenue G Fort Madison, Ia. 52627	Aunt	50.00	✓
09/28/07	ID# CK# 1175	Leafa Baker 602½ Avenue G Fort Madison, Ia. 52627	Grand-Mother	25.00	✓
09/28/07	ID# CK# 1954	Anne Shearer 817 Ave G, Box 247 Fort Madison, Ia. 52627		25.00	✓
09/28/07	ID# CK# 5801	Eugene & Faye Fraise 1699 - 280th Ave Fort Madison, Ia. 52627		50.00	✓
09/28/07	ID# CK# 2940	Doyle L. Hoyer 3347 Country Club Lane Fort Madison, Ia. 52627		25.00	✓
09/28/07	ID# CK# 4334	Charles D. Scoville 603 Avenue F Fort Madison, Ia. 52627		100.00	✓
09/28/07	ID# CK# 3399	Sandra J. & Chris Greenwald 2734 - 255th Avenue Montrose, Ia. 52639		50.00	✓
09/28/07	ID# CK# 1895	W. Archie Logan 1013 Avenue F Fort Madison, Ia. 52627		75.00	✓

SUB-TOTAL $500.00

TOTAL ***(If last page of this schedule)*** $ ____

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Citizens to Re-Elect Ireland for Mayor

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CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
09/28/07	ID# CK# 3047	Lowell & Linda Junkins 2287 - 242nd St. Donnellson, Ia. 52625		$ 200.00	✓
09/28/07	ID# CK# 8355	Drs. Carolyn R. & Larry D. Smith 828 Avenue D Fort Madison, Ia. 52627		50.00	✓
09/28/07	ID# CK#	Arletta "Rocky" Menke 25 Richards Drive Fort Madison, Ia. 52627		20.00	✓
09/28/07	ID# CK# 2096	Elaine F. Eschman 416 Avenue F Fort Madison, Ia. 52627		50.00	✓
10/01/07	ID# CK# 1051	Charles + Kathy Osmanski 3324 Timber Ridge Dr. Fort Madison, Ia. 52627		25.00	✓
10/01/07	ID# CK# 2642	M.S. Nabulsi + Sharon Schell Nabulsi 828 Denmark Hilltop Fort Madison, Ia. 52627		100.00	✓
10/01/07	ID# CK# 2123	Darrell R. Picard 9 Ridgewood Rd. Ft. Madison, Ia. 52627		25.00	✓
10/01/07	ID# CK# 5456	Rosalyn B. Wilkerson 421 Avenue E Fort Madison, Ia. 52627		100.00	✓
10/01/07	ID# CK# 6364	John J. Schier 1502 Avenue C Fort Madison, Ia. 52627		50.00	✓
10/02/07	ID# CK# 2345	Grace & Charles Harris 2814 Ave J Fort Madison, Ia.		20.00	✓

SUB-TOTAL $ 640.00

TOTAL ***(If last page of this schedule)*** $ —

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Citizens to Re-Elect Ireland For Mayor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/02/07	ID# CK# 4396	Michael R. Dougherty 145 Minuteman Circle Allentown, Pa. 08501	Uncle	$ 25.00	✓
10/02/07	ID# CK# 11423	Patricia F. & Charles J. Rupert No. 9 Oak Drive Fort Madison, Ia. 52627		25.00	✓
10/02/07	ID# CK#	Un-itemized Contribution		20.00	✓
10/02/07	ID# CK# 1187	Richard Canella 2046-303rd Avenue Fort Madison, Ia. 52627		25.00	✓
10/02/07	ID# CK# 1136	W. H. Whitehead 6 Melody Terrace Fort Madison, Ia. 52627		25.00	✓
10/02/07	ID# CK# 2349	Robert T. Huffman 1220 Avenue B Fort Madison, Ia. 52627		25.00	✓
10/02/07	ID# CK# 9450	Mary J. Moore & John C. Schuldt 3300-213th St. Fort Madison, Ia. 52627		25.00	✓
10/4/07	ID# CK# 5109	Delma L. Hall 2160 West Point Road West Point, Ia. 52656		100.00	✓
10/4/07	ID# CK# 3727	Fred C. Winke 3285 Country Club Lane Fort Madison, Ia. 52627		25.00	✓
10/4/07	ID# CK# 30586	Denise Eyer P.O. Box 276 Fort Madison, Ia. 52627		25.00	✓
			SUB-TOTAL	$320.00	
			TOTAL *(if last page of this schedule)*	$ —	

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Citizens to Re-Elect Ireland For Mayor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/04/07	ID# CK# 6422	Amy Coffey 3421 Pheasant Run Dr. Wever, Ia. 52658	Sister	$ 25.00	✓
10/04/07	ID# CK# 111	Brad Randolph 14 River Ridge Dr. Fort Madison, Ia. 52627		300.00	✓
10/06/07	ID# CK# 3374	Phillip Ingebritson 14 Melody Terrace Fort Madison, Ia. 52627		25.00	✓
10/06/07	ID# CK# 2597	William H. Napier 816 Avenue E Fort Madison, Ia. 52627		25.00	✓
10/06/07	ID# CK# 2246	Patricia I. Haffner 1816 Avenue E Fort Madison, Ia. 52627		25.00	✓
10/06/07	ID# CK# 678	Erma G. Whitney 404 South Jefferson St. Winchester, TN. 37398	(mother)	25.00	✓
10/06/07	ID# CK# 1187	Steven Ireland II 1904 Avenue D Fort Madison, Ia. 52627	(Son)	25.00	✓
10/11/07	ID# CK# 6880	Michael A. Brockman 3374-213th St. Fort Madison, Ia. 52627		25.00	✓
10/11/07	ID# CK# 8625	G.L. Hayes 3029-184th St. Fort Madison, Ia. 52627		25.00	✓
10/11/07	ID# CK# 1807	James R. Neil, Sr. 1411 Avenue D Fort Madison, Ia. 52627		25.00	✓
			SUB-TOTAL	$ 525.00	
			TOTAL *(if last page of this schedule)*	$ ——	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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SCHEDULE A (Rev 07/03)	MONETARY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Citizens to Re-Elect Ireland For Mayor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/11/07	ID# CK# 4497	George G. Keidler 3 Malady Ter Fort Madison, Ia.		$ 50.00	✓
10/27/07	ID# CK# 1075	Philip Weise 503 Grand Avenue Keokuk, Ia. 52632		25.00	✓
10/27/07	ID# CK# 17824	Rick Larkin 1304 Avenue B Fort Madison, Ia. 52627		100.00	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 175.00	
			TOTAL *(if last page of this schedule)*	$ 2160.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Citizens to Re-Elect Ireland For Mayor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/02/07	ID# CK# 1000	Alphas on the Riverfront 709 Avenue H Fort Madison, Ia. 52627	Catered Fundraiser	$ 274.97
10/04/07	ID# CK# 1001	Craftsman Press, Inc. 203 N 3rd Burlington, Ia. 52601	Campaign Material	435.49
10/11/07	ID# CK# 1002	Lee County Auditor 933 Avenue H Fort Madison, Ia. 52627	2005 City Election -- Voted Records	10.00
10/11/07	ID# CK# 1003	Steven J. Ireland 1904 Avenue D Fort Madison, Ia. 52627	Re-Imbursement for Parade Candy and Campaign T-Shirts	234.25
10/25/07	ID# CK# 1004	Craftsman Press, Inc. 203 N. 3rd Burlington, Ia. 52601	Campaign Material	246.10
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $1200.81

TOTAL ***(If last page of this schedule)*** $1200.81

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Citizens to Re-Elect Ireland for Mayor

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/23/07	Anne M. Pedersen 506 - 33rd St. Fort Madison, Ia. 52627		Postage & Envelopes	$ 25.67	✓
09/26/07	Janet Strunk 2890 Co. Rd. 103 Fort Madison, Ia. 52627		Postage & Envelopes	25.67	✓

SUB-TOTAL $ 51.34

TOTAL (If last page of this schedule) $ 51.34

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.